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For action

Country programme recommendation**

Bosnia and Herzegovina

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programmes of Bosnia and Herzegovina with a duration of three years. The Executive Director *recommends* that the Executive Board approve the amount of $2,335,000 from general resources, subject to the availability of funds, and $17,010,000 from supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2001.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (thousands, under 18 years)	933
U5MR (per 1,000 live births)	17
IMR (per 1,000 live births)	15
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	..
Literacy (%, male/female)	../..
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Routine EPI vaccines financed by the Government (%)	..
GNP per capita (US$)	a/
One-year-olds fully immunized against:	
tuberculosis:	97 per cent
diphtheria/pertussis/tetanus:	88 per cent
measles:	88 per cent
poliomyelitis:	86 per cent
Pregnant women against tetanus:	..

a/ $765 or less.

The situation of children and women

1. In the years following the Dayton Peace agreement, Bosnia and Herzegovina has experienced political stabilization and modest overall improvement in social and economic indicators. At both state and entity levels of the Federation of Bosnia and Herzegovina and the Republika Srpska, governmental structures have been set up, and progress has been made in creating the institutions of a functioning state. However, the momentous growth begun in 1996 as a result of the intense reconstruction efforts has slowed down, and future progress will depend on economic restructuring through privatization, strengthened budgets and an enhanced legislative framework. Serious social and economic problems persist, and pockets of the population continue to suffer acute social risks. The lack of reliable social and economic data also present a serious problem for planning and resource allocation.

2. The under-five mortality rate is 17 per 1,000 live births and the infant mortality rate is 15 per 1,000 live births. Neonatal health was adversely affected during the war by a lack of screening procedures during pregnancy as well as by trauma and stress. Now almost all births are attended by trained health personnel. No polio cases were recorded in 1997. The current maternal mortality rate is estimated at 11 per 100,000 live births. A 1995 World

Bank study indicated that the nutritional status of women was good.

3. The war has had serious consequences for the psychosocial development of children and adolescents. A 1997 UNICEF survey revealed that one third of war-affected children and adolescents presented serious post-traumatic symptoms two years after the end of the war. Although no firm data are available, numerous reports suggest a dramatic increase in suicide rates and delinquent behaviour among children and adolescents. Child psychiatric services are non-existent and, therefore, schools and health centres have to continue to play an important role in assisting children.

4. The war significantly increased the number of children without parental care, with 3,350 registered by early 1998. The Ministry of Social Welfare reports that there are an estimated 45,000 children with only one parent. The situation of children with disabilities remains critical, and the State has limited resources to care for children with mental or physical handicaps. Historically, there has been very low community participation in the care of children with disabilities, and there is a heavy reliance on large centralized institutions. However, new governmental policies are emerging, including decentralized community-based care for children, the development of foster care services and the reform of institutional care practices.

5. Increased substance abuse, a rise in suicide rates and increased numbers of adolescents in conflict with the law are symptoms of the post-war depression. An influx of large population groups, including former soldiers, the displaced and returnees, is adding to existing risk factors. Although there is yet no study on the magnitude of the drug problem, intravenous drug use is reportedly much higher than before the war. This increases the risk of HIV/AIDS transmission, although data are still not available.

6. The education system is still affected by the consequences of the conflict. Children who have been denied access to schooling due to internal migration, or who have fled to other countries, present an additional challenge to the fragile education system upon their return. Before the war, only 4 per cent of 0- to 6-year-old children attended pre-school institutions. Now, according to UNICEF estimates, as few as 0.5 per cent of children in that age group are enrolled.

7. Representing the overall trend towards democratization, several women's organizations have been created around humanitarian assistance and other social issues since 1995. However, in the post-war situation, the status of women has become more uncertain. There is some concern about the possibility of greater inequality between boys and girls. The prospects for working women are diminishing as employment strategies give priority to demobilized soldiers.

Programme cooperation, 1996-1998

8. Due to an accelerated campaign, immunization coverage rates among children under one year of age increased considerably. In the context of policy reforms, UNICEF supported the primary health care (PHC) approach, including the training of family doctors and the provision of basic medical equipment. The creation of a database to monitor the health status of the population is an important component of the project, which was extended to 4 out of 10 cantons after the successful pilot project in Sarajevo.

9. UNICEF advocated for the establishment of appropriate health and nutrition measures and correct infant feeding practices in hospitals, health centres, maternities and child-care institutions as well as in homes. Interventions included the provision of information on the benefits of breastfeeding and the training of health professionals and mothers on correct infant feeding practices. In May 1998, based on the results of an external assessment, two maternity wards in Mostar were designated as "baby-friendly".

10. Early childhood care and development (ECCD) has been an important topic of policy development seminars for planners and legislators. UNICEF sponsored two publications on ECCD for dissemination throughout the country. As part of a capacity-building strategy, UNICEF equipped three teacher resource centres for the in-service training of primary school teachers in a new participatory methodology. An accelerated teacher-training programme for in-service teachers who were not certified was supported. UNICEF has cooperated closely with local non-governmental organizations (NGOs), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Mine Action Centre to increase mine awareness among children. UNICEF also supported the dissemination of mine awareness information through soccer clubs countrywide and through a theater group.

11. Support was provided to the Bosnia Water Management Institute to increase water supply in the former front-line areas through the training of technicians in water supply network maintenance, improvement of services, leak detection and repair. UNICEF participated in the development of water quality monitoring and reporting systems, and provided mobile laboratories as

well as training in their use. In supporting the rehabilitation of school sanitation facilities and drinking water supply, UNICEF shifted its focus from reconstruction to hygiene education through both non-formal education and schools.

12. The programme on children in need of special protection measures supported projects for the psychosocial rehabilitation of war-traumatized children, children without parental care, and children with disabilities. In primary schools, UNICEF supported training seminars in methods of psychosocial care of children, and a new project for traumatized adolescents was begun in secondary schools. Psycho-pedagogues were enrolled in the first ever post-graduate course in trauma psychology. Thematic training seminars for health personnel were organized, and child and family counselling centres were established. A nation-wide project supported children without parental care, and enhanced information exchange and data collection. A pilot project was initiated on the education for children with disabilities who had been excluded from these services for several years.

13. UNICEF has been actively encouraging the Governments of the Federation of Bosnia and Herzegovina and of the Republika Srpska to submit an initial report (due in March 1994) to the Committee on the Rights of the Child. The Federation of Bosnia and Herzegovina has created an interministerial committee, and a first draft has been prepared. In the Republika Srpska, due to the latest changes in the Government, the Committee is not yet formally created. The state authorities have agreed that a national report will be compiled once the entity reports are completed.

Lessons learned

14. In November 1997, within the framework of the mid-term review (MTR) of the 1996-1998 programme of cooperation, representatives from both entities in the country met for the first time to discuss children's issues. The experience showed that dialogue on child-related issues was possible and should be encouraged further.

15. The MTR also demonstrated that closer collaboration at the provincial level ensures equality of all ethnicities in terms of service delivery and capacity-building. Increased efforts are needed to promote ownership of the joint programmes by both central and peripheral authorities. Constraints are surmountable only if cooperation is strengthened at all levels to ensure the active involvement of national institutions and professionals.

16. Interactive training courses in school on the Convention on the Rights of the Child, animation workshops which provide a forum for children to express themselves and media presentations for and by children have proven their effectiveness. Capacity-building of local NGOs allowed them to become important UNICEF partners in developing and implementing Convention-related activities. However, as there was no tradition of civil society before the war, there is a need to develop and strengthen further the role of the community and local NGOs.

Country programme preparation process

17. The programme of cooperation was prepared in consultation with the central Government, the Governments of the Federation of Bosnia and Herzegovina and of the Republika Srpska, national and international NGOs and United Nations partners. The MTR process allowed the consolidation of programme achievements and agreement on major programme components and strategies that are part of the rights-based approach. Constructive and analytical dialogue was a feature of the final MTR meeting attended by all partners concerned. The result was consensus agreement on mid-term corrections and priorities for the current programme and the 1999-2001 period of cooperation.

Recommended programme cooperation, 1999-2001

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*2001*	*Total*
General resources				
Health	143	142	141	426
Education	124	123	122	369
Children in need of special protection measures	204	201	199	604
Cross-sectoral costs	149	145	142	436
Area activities	500	-	-	500
Subtotal	**1 120**	**611**	**604**	**2 335**
Supplementary funding				
Health	1 575	1 520	1 468	4 563
Education	1 350	1 245	1 193	3 788
Children in need of special protection measures	2 190	2 085	1 982	6 257
Social mobilization and information	565	560	557	1 682
Cross-sectoral costs	250	240	230	720
Subtotal	**5 930**	**5 650**	**5 430**	**17 010**
Total	**7 050**	**6 261**	**6 034**	**19 345**

Programme objectives and strategies

18. The overall goal of the proposed programme of cooperation is the enhancement of survival, development, protection and participation prospects of the children and women in Bosnia and Herzegovina. This will include further development and promotion of the rights-based approach, built around the principles of the Convention on the Rights of the Child and improvement of social policies and cost-effective approaches. The objectives are to: (a) ensure that critical services for children and women are guaranteed, without gender or ethnic discrimination, through sustainable delivery systems secured by national and international resources; (b) ensure that social sector services are restructured through innovative strategies and procedures and capacity-building of partners at both national and local levels; (c) empower NGOs, communities and families by enhancing their knowledge and initiative on child health and well-being; (d) support parental awareness and life skills development for children; and (e) promote children's participation through a variety of proven models and coordination between local and international partners.

19. UNICEF will promote a change in the traditional attitudes towards children within the family and school. The concept of children's rights will be introduced into the education system as a starting point for teachers to support the awareness, involvement and decision-making of children in issues related to their development, protection and future.

20. In line with the recommendations of the MTR, UNICEF will promote an intersectoral approach and strengthen the institutional capacities of national counterparts to deal with specific problems such as protecting children with special needs and children in conflict with the law, and protecting them against risky sexual behaviour and substance abuse.

Health

21. This programme will enhance the cost-effectiveness and efficiency of the PHC system. Within the framework of overall PHC reform, UNICEF will focus on specific issues such as the development of the essential drugs programme and the provision of technical support for training health staff in the standardized management of childhood illnesses.

22. UNICEF will expand social mobilization activities to ensure an adequate level of awareness and knowledge of the expanded programme on immunization. To achieve the objective of polio eradication, mass vaccination campaigns will be organized. UNICEF will continue to provide vaccines and consumable supplies, and will support training to improve management of the cold chain, logistics and surveillance.

23. Within the framework of the maternal and child health programme, UNICEF will support the training of health personnel in hospitals and maternity wards, including implementation of the "Ten steps towards successful breastfeeding". A nation-wide information and social mobilization campaign on breastfeeding promotion and implementation of the International Code of Marketing of Breast Milk Substitutes also will be supported.

Education

24. This programme aims to improve the quality of education in the pre-primary and primary school systems. UNICEF will emphasize both the pre-service and in-service training of teachers. It also will support the interactive learning methodology in primary schools and ensure its adoption in the pedagogical academies. As modifications in the education system involve all levels, UNICEF also will support the training of mid-level school managers and policy makers. The network of professional care-providers in the ECCD sector also will be strengthened.

25. Within the non-formal component of the education programme, UNICEF will emphasize extra-curricular topics such as personal hygiene, life skills, substance abuse and HIV/AIDS prevention, using the mass media to convey messages where appropriate. Since land-mines constitute a major threat to children's lives, UNICEF will continue to support mine awareness campaigns, focusing on schoolchildren and using different channels, including theater, sports clubs, media and schools.

Children in need of special protection measures

26. In cooperation with central and local educational institutions, UNICEF will support the development of school counselling services. The training of teachers and school psychologists in methods of detection and interventions for children with trauma and other war-related reactions will continue. Community-based child and adolescent psychology and mental health services, as well as the training of health personnel in the identification of children at risk, will be supported.

27. In cooperation with the Ministry of Social Welfare, UNICEF will support the development of community-based services for vulnerable children. Care services will be supported through assistance to foster families and the creation of foster parent associations. Efforts also are under way to increase the efficiency of social work with families and to upgrade services in children's homes. A multi-ministerial project is planned for the development of new and alternative services for children with disabilities, focusing on educational, social and health services. UNICEF also will support educational services for children with disabilities through the regular school system as well as through community-based day care centres. Research on detained children and institutions for juvenile delinquents will be supported.

Social mobilization and information

28. UNICEF will continue to facilitate the functioning of the interministerial committees for preparing the consolidated national report to the Committee on the Rights of the Child. The establishment of a permanent national committee to monitor implementation of the Convention on the Rights of the Child will be supported, and working relations among the NGO network, human right groups and the media will be actively promoted.

29. UNICEF will support the establishment of an NGO coalition for implementation of the Convention, with a particular focus on NGOs assisting women and children. The creation of thematic groups, gathering professionals from various sectors, on children's issues such as juvenile justice will be encouraged. Close contacts will be maintained with various professional groups and with the Division for the Rights of the Child on a project to initiate children's associations in schools.

Monitoring and evaluation

30. The programme incorporates simple mechanisms for the Government and UNICEF to monitor the progress in achieving the goals for 1999 to 2001. The regular reports from national information and reporting systems will be used, and, when necessary, supplemented by surveys. The governmental structures, together with UNICEF, will develop a monitoring mechanism to be implemented at different levels. UNICEF will assist in the preparation of mid-term and annual reviews, and subsequent reports. Programme staff frequently monitor project development and coordination activities in the field, together with government counterparts and implementing partners. Within programmes and projects, specific provisions for operational research will be undertaken.

Collaboration with partners

31. Most United Nations agencies are still functioning in a relief mode. There are good relations among all United Nations agencies since they all participate in regular information-sharing meetings chaired by the Special Representative of the Secretary-General. Their major collaboration is for the elaboration of an inter-agency appeal under the coordination of UNHCR and the Office for the Coordination of Humanitarian Affairs. UNICEF participates in sectoral networks on health, education and mental health with the World Health Organization, UNESCO, the World Bank and the United Nations Development Programme. Cooperation with NGOs and universities, both local and international, is valuable for all actors involved and will be continued.

Fund-raising

32. The annual United Nations inter-agency appeal represents the formal emergency fund-raising framework, but it has attracted funds limited for the UNICEF programme. Since the programme in Bosnia and Herzegovina is funded primarily through supplementary funds, close collaboration with donors that has been initiated during the previous programme period will continue. The office will collaborate with National Committees for UNICEF to organize special campaigns. UNICEF in Bosnia and Herzegovina develops its own summaries for supplementary funding, as well as publications and information kits, which are shared with major potential donors both in Bosnia and Herzegovina and in donor countries.

Programme management

33. The programme management strategy stresses the need to strengthen financial management by better monitoring of cash assistance to the Government, planning of needs and timely disbursements and liquidations. Staffing changes reflecting the changing situation in the country and UNICEF programmes are envisaged, and the restructuring will be adaptive to new funding levels. UNICEF will maintain two offices - Sarajevo and Banja Luka. The programme and operations are managed by a country management team, within the wider framework of the area management team.

34. The office of the UNICEF Special Representative for Bosnia and Herzegovina, Croatia, the Federal Republic of Yugoslavia and The former Yugoslav Republic of Macedonia is currently located in Sarajevo. In 1999, the Office of the Special Representative will manage funds for area programme activities, which in 2000-2001 will be incorporated in the multi-country programme for Central Eastern Europe, the Commonwealth of Independent States and the Baltic States.

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TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BOSNIA & HERZEGOVINA
PROGRAMME : 1999-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	426,000			426,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION	369,000			369,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDREN IN NEED OF SPE PROTCN MEA	604,000			604,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION & INFORMATION	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	436,000			436,000	0	0	0	0	0	0	0	0	0	0	0	0	0
AREA ACTIVITIES	500,000			500,000	0	0	0	0	0	0	0	0	1	1	0	111,111	111,111
TOTAL GR	2,335,000			2,335,000	0	0	0	0	0	0	0	0	0	0	0	0	0
					0	0	0	0	0	0	0	0	1	1	0	111,111	111,111
SUPPLEMENTARY FUNDING :																	
HEALTH		0	4,563,000	4,563,000	0	0	0	0	0	0	0	1	2	3	0	247,197	247,197
EDUCATION		0	3,788,000	3,788,000	0	0	0	1	0	0	1	1	2	4	389,112	247,197	636,309
CHILDREN IN NEED OF SPE PROTCN MEA		0	6,257,000	6,257,000	0	0	0	1	0	0	1	1	3	5	389,112	313,478	702,590
SOCIAL MOBILIZATION & INFORMATION		0	1,682,000	1,682,000	0	0	0	0	0	0	0	1	0	1	0	117,280	117,280
CROSS-SECTORAL COSTS		0	720,000	720,000	0	0	0	0	0	1	1	1	4	6	281,898	425,141	707,039
AREA ACTIVITIES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	17,010,000	17,010,000	0	0	0	2	0	1	3	5	11	19	1,060,122	1,350,293	2,410,415
TOTAL GR & SF	2,335,000	0	17,010,000	19,345,000	0	0	0	2	0	1	3	5	12	20	1,060,122	1,461,404	2,521,526
SUPPORT BUDGET			Operating costs	1,403,850													
			Staffing		0	1	1	1	0	0	3	1	8	12	1,377,856	969,454	2,347,310
GRAND TOTAL (GR + SF + SB)					0	1	1	3	0	1	6	6	20	32	2,437,978	2,430,858	4,868,836
	Number of posts and staff costs:																
	Current programme cycle										9	7	26	42			
	At the end of proposed programme cycle (indicative only)										6	6	20	32	2,437,978	2,430,858	4,868,836

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = National Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.